

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | | |
|-------------------------------|----------------|------------------|
| Attorney Docket Number | | FA1144 US NA |
| First Named Inventor | | Harald Kloeckner |
| COMPLETE IF KNOWN | | |
| Application Number | / | |
| Filing Date | August 4, 2003 | |
| Group Art Unit | | |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method For Painting Plastic Substrates

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | YES | NO |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label

23906
23906
PATENT TRADEMARK OFFICE

OR

Correspondence
address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Harald

Family Name **Kloeckner**
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Germany
Citizenship

Mailing Address

Lindlar

City

State

Zip

Germany
Country

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Guenter

Family Name **Berschel**
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Germany
Citizenship

Mailing Address

Koeln

City

State

Zip

Germany
Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

| | | | |
|---|-------|---|---------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Wolfgang | | Family Name or Surname Stricker | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Germany Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City Remscheid | State | ZIP | Germany Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Andrew | | Family Name or Surname Duda | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Germany Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City Gladbeck | State | ZIP | Germany Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Udo | | Family Name or Surname Hellmann | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Germany Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City Remscheid | State | ZIP | Germany Country |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--|
| Application Number | Unknown |
| Filing Date | August 4, 2003 |
| First Named Inventor | Harald Kloeckner |
| Title | METHOD FOR PAINTING PLASTIC SUBSTRATES |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | FA1144 US NA |

I hereby appoint:

Practitioners at Customer Number

23906

23906

PATENT TRADEMARK OFFICE

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

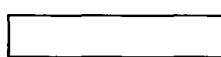
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number



Place Bar Code Label Here

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Harald Kloeckner

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--|
| Application Number | Unknown |
| Filing Date | August 4, 2003 |
| First Named Inventor | Harald Kloeckner |
| Title | METHOD FOR PAINTING PLASTIC SUBSTRATES |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | FA1144 US NA |

I hereby appoint:

Practitioners at Customer Number

23906

23906

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

Place Bar Code Label Here

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Guenter Berschel

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--|
| Application Number | Unknown |
| Filing Date | August 4, 2003 |
| First Named Inventor | Harald Kloeckner |
| Title | METHOD FOR PAINTING PLASTIC SUBSTRATES |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | FA1144 US NA |

I hereby appoint:

Practitioners at Customer Number

23906

23906

PATENT TRADEMARK OFFICE

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

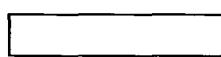
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number



Place Bar Code Label Here

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Wolfgang Stricker

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--|
| Application Number | Unknown |
| Filing Date | August 4, 2003 |
| First Named Inventor | Harald Kloeckner |
| Title | METHOD FOR PAINTING PLASTIC SUBSTRATES |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | FA1144 US NA |

I hereby appoint:

Practitioners at Customer Number

23906

23906

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number



Place Bar Code Label Here

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Andrew Duda

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--|
| Application Number | Unknown |
| Filing Date | August 4, 2003 |
| First Named Inventor | Harald Kloeckner |
| Title | METHOD FOR PAINTING PLASTIC SUBSTRATES |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | FA1144 US NA |

I hereby appoint:

Practitioners at Customer Number

23906

23906

PATENT TRADEMARK OFFICE

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

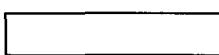
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number



Place Bar Code Label Here

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Udo Hellmann

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.